DOCUMENT RESUME

ED 289 129 CG 020 396

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TITLE Depression and the Family Life Cycle: Adjusting the System at Retirement.
PUB DATE 80
NOTE 7p.
PUB TYPE Reports - General (140)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Adjustment (to Environment); *Counseling Techniques; *Depression (Psychology); *Family Problems; *Family Relationship; Older Adults; *Retirement; Stress Variables; Systems Approach
IDENTIFIERS *Family Systems Theory; *Life Cycles

ABSTRACT

This document uses family systems constructs to explain the onset and maintenance of clinical symptoms such as depression and their relation to life cycle issues among the elderly. The basic assumptions of family systems thinking about structure and function are summarized. Figures and tables are used to illustrate changing family circumstances which require structural adaptation and new transactional patterns, dysfunctional family patterns, and an example of clinical depression precipitated by failure of a family system to adapt to life cycle stressors associated with retirement. Intervention from a family systems perspective is conceptualized in terms of three aspects of intervention: (1) structural formulations of cross-generational triadic patterns of enmeshment-disengagement; (2) failures to adapt to life-cycle transitions; and (3) the dysfunctional systemic structure. A case example is provided to illustrate the formulation of a case diagnosed as major depressive disorder in an elderly married woman and the application of family systems formulations of intervention. (NB)

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DEPRESSION AND THE FAMILY LIFE CYCLE:

ADJUSTING THE SYSTEM AT RETIREMENT

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Depression and the Family Life Cycle:

Adjusting the System at Retirement

Depression, among other psychiatric problems, is common among older men and women. It has been noted that a set of symptoms is often temporally related to a significant life event such as illness or retirement. Family systems constructs can be helpful in understanding the onset and maintenance of clinical symptoms such as depression and their relation to life cycle issues among the elderly. The basic assumptions of family systems thinking about structure and function are summarized below:

The Family as a System

A. Family structure consists of functional rules that organize the ways in which family members interact.
B. A family is a system that operates through transactional patterns (From which rules can be inferred). Transactional patterns regulate family members' behavior. These patterns establish how, when and to whom to relate and underpin the family system.
C. Patterns come to be familiar and preferred.
D. Family circumstance change with time. The family structure must be able to adapt to new circumstances, new transactional patterns must be activated and new structures developed in a balanced process.

The changing family circumstances, requiring structural adaptation and new transactional patterns, referred to in part D is often referred to as the Family Life Cycle or Spiral (Figure 1 adapted from Walsh, 1980).

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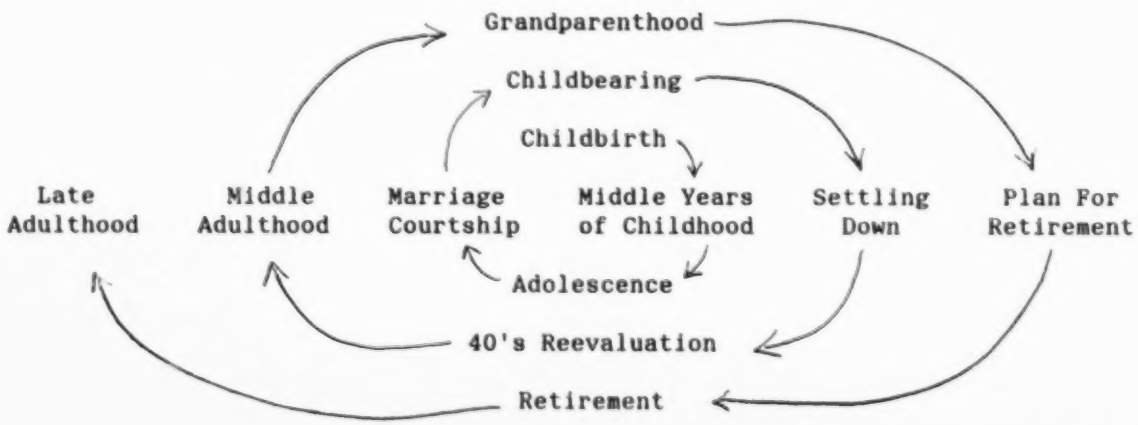


Family Life Spiral

Stress can disrupt family structure by increasing emotional distance between same generational partners (parents) and strenthening disfunctional cross-generational coalitions with younger or older family members. Examples of such dysfunctional patterns are described and diagrammed in Table 1.

Table 1

FAMILY ADAPTATION

The family is constantly subjected to demands for change, sparked by developmental changes in its own members and by extrafamilial pressures.

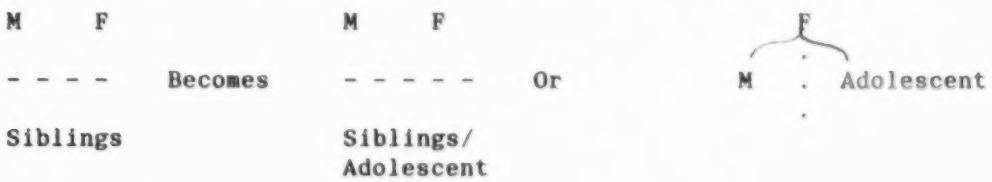
All family systems are subject to crises when a member enters a new developmental stage, a new member joins, a member leaves or from extrafamiliar sources.

Some Sources of Stress

A. Stressful contact of member with extrafamilial sources, e.g., husband under stress at work

or injury results in permanent disablility to father.

B. Stress at transition points in the family from many sources, one of the most common is the emergence of a child into adolescence.



Symptoms of psychopathology arise in the context of and are maintained by a dysfuntional structure and recurring transactional patterns. This process is described below.

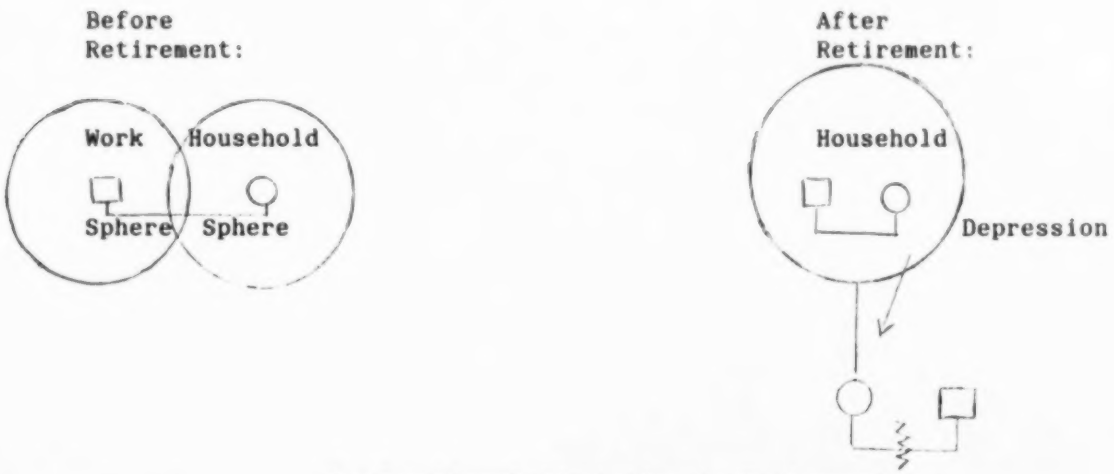
SYMPTOMS OF PSYCHOPATHOLOGY

When a family identifies one of its members as the "patient", the identified patient's symptoms are assumed to be system-maintaining or a system maintained device.

-Symptoms may be expressions of family dysfunction
-Symptoms may be ways of maintaining an existing family structure
-Symptoms may arise in an individual family member because of particular life circumstances and then are supported by the family system

The Family therapist regards the identified patient merely as the family member who is expressing, in the most visible way, a problem affecting the entire system.

The diagram presented in Figure 2 (Walsh 1980) presents an example of clinical depression precipitated by the failure of a family system to successfully adapt to life cycle stressors associated with the transition to retirement.



Dysfunctional Adaptation to Retirement
Figure 2

Intervention, from a family systems perspective can be conceptualized in terms of three aspects of intervention: 1) Structural formulations of cross-generational triadic patterns of enmeshment-disengagement; 2) failures to adequately adapt to life-cycle transitions; and 3) the dysfunctional systemic structure. The following case example illustrates the formulation of a case diagnosed as major depressive disorder in an elderly married woman and the application of family systems formulations of intervention.

Madeline, aged 68 years, was admitted to a psychiatric unit and diagnosed as suffering from Major Depressive Disorder. She was mute and withdrawn during the first days of her hospitalization and refused to see all visitors. Her husband, Alphonse, aged 70 years, and youngest daughter Isabelle 32, were frequent visitors and appeared quite concerned about Madeline. An older daughter who lived away, and three sons all in their 40's and 50's, monitored their mother's condition through ongoing telephone contact with their younger sister and father.

Madeline, after several days in the hospital and initiation of pharmacotherapy, began to take an active role in group therapy sessions, although she remained silent and withdrawn in sessions with her husband. In group, Madeline complained of her husband and his increased demands on her since his retirement. Madeline's life pattern and social relationships had been completely disrupted by Alphonse new circumstances as a retiree after 50 years of work as an industrial foreman. His expectations that Madeline participate in his extensive vegetable gardening projects, fishing excursions and home repairs had seriously limited Madeline's visits with friends, afternoon TV soaps, occasional evening meals in restaurants and daily contacts with youngest daughter and grandchildren. Madeline's previous life style had been completely disrupted since Alphonse had retired. Alphonse, a large, strong-minded, hard-working man had limited patience with his grandchildren, believed daytime TV was a waste of time, believed no one could cook as good as his wife and consequently refused to eat out, and wanted to spend more time fishing with his wife during his retirement years. Madeline of course had quite different opinions which she actively expressed in group but expressed only indirectly and non-verbaally in couple sessions.

Initial sessions focused on joining with Alphonse who was very frightened and concerned by and about Madeline's depression. Later sessions focused on the importance of social contacts in the treatment of depression and negotiated specific assignments during which Madeline was to initiate all activities and plans for passes. Sessions focused on the frequent problems the couple encountered with such assignments which led to discussions of assertiveness, attitudes about sex roles, problem-solving, and communication skills. Madeline began to assume an increasingly equal role during the sessions and the therapist a less active role. The therapist formulated several systemic hypotheses about Alphonse' pre-retirement disengagement in the marriage, and Madeline's enmeshment with her youngest daughter. A family session was scheduled in which the entire family, including the 5 children, participated. The therapist "worried" about the consequences of Madeline's recovering from her depression on the various family members. His "concerns" were expressed in terms of systemic hypotheses perviously formulated. Family members were surprised, skeptical and in some cases in full agreement with these concerns.

The therapist concluded the session with discussion of plans to discharge Madeline at the end of the week and rescheduled a family session 6 weeks later. The follow-up session indicated that family members had extensively discussed and responded to the paradoxical nature of the therapist concerns. Madeline and Alphonse returned for two outpatient sessions and at 1 year follow-up had worked out a more symmetrical relationship.

This case example illustrates the role of psychiatric symptoms in family systems that do not adjust structurally or systemically to stresses associated with life cycle changes such as retirement.

References

Walsh, Froma (1980) The family in later life. The family life cycle (E. Carter and M. McGoldrick editors.) Gardner: New York.